

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Vidal	MI
	NICKNAME	LAST Rodriguez	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3001 Pecos Plaza, Laredo, TX. 78046		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: (956) PHONE NUMBER: 267-0191 EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Daisy	MI A
	NICKNAME	LAST Campus	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3001 Pecos Plaza, Laredo, TX. 78046		
	8 CAMPAIGN TREASURER PHONE AREA CODE: (956) PHONE NUMBER: 284-9601 EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 03 / 01 / 2017 THROUGH 06 / 30 / 2017		
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) City of Laredo Councilman District 2		13 OFFICE SOUGHT (if known) Councilman District # 2

OFFICE USE ONLY

Date Received

RECEIVED
CITY SECRETARY'S OFFICE
2017 JUN 21 PM 4:51

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME 16 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE: _____ COMMITTEE NAME: <u>Team Vidal Rodriguez</u> COMMITTEE ADDRESS: <u>3001 Pecos Plaza</u> COMMITTEE CAMPAIGN TREASURER NAME: <u>Daisy A. Campos</u> COMMITTEE CAMPAIGN TREASURER ADDRESS: <u>3001 Pecos Plaza</u>
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Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0. ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,750. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0. ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,635.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 133.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0. ⁰⁰

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Vidal Rodriguez, this the 21st day of July, 2017, to certify which, witness my hand and seal of office.

[Signature] Cynthia L. Ruiz Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - COH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,750 ⁰⁰
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,635. ⁰⁰
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
9.	<input type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
10.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME

Vidal Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/17

5 Full name of contributor

TRE/PAC/TEXAS ASS. OF REALTORS
Political Action Committee

out-of-state PAC (ID#: _____)

6 Contributor address;

City; State; Zip Code

P.O. Box 2246 / Austin, TX. 78702

7 Amount of contribution (\$)

1,000⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/24/17

Full name of contributor

Dan S. Levendecker

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

15222 Crane^{Highway} Blvd Corpus Christi, TX. 78418

Amount of contribution (\$)

200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/17

Full name of contributor

David A Garza

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

PO Box 1194 San Benito, TX. 78586

Amount of contribution (\$)

400⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/24/17

Full name of contributor

John R. Solis "DBA Law Office of John R. Solis"

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

2620 San Bernardo Av. Laredo, TX. 78040

Amount of contribution (\$)

400⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

Vidal Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

East Laredo Home Place LTD

6 Contributor address;

City; State; Zip Code

P.O. Box 45055 Laredo, Tx. 78045

7 Amount of contribution (\$)

400⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/24/17

Full name of contributor

out-of-state PAC (ID#: _____)

Crane Engineering Corp

Contributor address;

City; State; Zip Code

1310 Junction Dr. STE. B Laredo, Tx. 78041

Amount of contribution (\$)

200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/24/17

Full name of contributor

out-of-state PAC (ID#: _____)

Laredo Police Officers Association

Contributor address;

City; State; Zip Code

P.O. Box 2776 Laredo, Tx. 78044

Amount of contribution (\$)

200⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/06/17

Full name of contributor

out-of-state PAC (ID#: _____)

Viviana Frank FRANK M. ROTNBFSKY

Contributor address;

City; State; Zip Code

901 Victoria St. STE A Laredo, Tx. 78040

Amount of contribution (\$)

500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME

Vidal Rodriguez

3 Filer ID (Ethics Commission Filers)

4 Date

04/00/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

Hickey Peña

7 Amount of contribution (\$)

250.⁰⁰

6 Contributor address;

City; State; Zip Code

6000 San Bernardos Av STE 901 Laredo, TX 78041

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/09/17

Full name of contributor

out-of-state PAC (ID#: _____)

AC Trade + Logistics

Amount of contribution (\$)

200.⁰⁰

Contributor address;

City; State; Zip Code

12014 Sara Rd. Laredo, TX 78045

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 2 FILER NAME: Vidal Rodriguez 3 Filer ID (Ethics Commission Filers)

4 Date: 03/27/17 5 Payee name: Apperebes

6 Amount (\$): 133.46 7 Payee address; City; State; Zip Code: 10719 International Blvd. Laredo TX - 78045

8 PURPOSE OF EXPENDITURE: Food / Beverage

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: 03/27/17 Payee name: Whataburger

Amount (\$): 15.67 Payee address; City; State; Zip Code: 809 Riverhill Laredo, TX - 78046

PURPOSE OF EXPENDITURE: Food / Beverage

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date: 04/03/17 Payee name: HEB

Amount (\$): 99.74 Payee address; City; State; Zip Code: 2314 S. Zapata Hwy. Laredo, TX - 78046

PURPOSE OF EXPENDITURE: Food / Beverage

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Vidal Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 04/06/17	5 Payee name La Carreta #2	
6 Amount (\$) 180.00	7 Payee address; City; State; Zip Code 9109 Mcpherson Rd. Laredo, Tx. 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 04/10/17	Payee name CHICK-FIL-A	
Amount (\$) 20.85	Payee address; City; State; Zip Code 1916 Bob Bullock. Laredo, TX 78043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 04/18/17	Payee name McDonalds	
Amount (\$) 12.19	Payee address; City; State; Zip Code 2502 US-83. Laredo, TX. 78040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Vidal Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 04/19/17	5 Payee name Peter Piper Pizza	
6 Amount (\$) 34.47	7 Payee address; City; State; Zip Code 4411 US-93, Laredo, TX, 78044	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food / Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 04/21/17	Payee name Yukon Tortas	
Amount (\$) 32.62	Payee address; City; State; Zip Code 902 S. Zapata Hwy. Laredo, TX - 78044	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 04/21/17	Payee name LCC Camilo Prado	
Amount (\$) 75.00	Payee address; City; State; Zip Code 5500 Zapata Hwy. Laredo, TX - 78044	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation / Child Dev. Center	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Vidal Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/17	5 Payee name CHICK-FIL-A	
6 Amount (\$) 26.14	7 Payee address; City; State; Zip Code 1916 Bob Bullock, Laredo, TX. 78043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/24/17	Payee name Texadelphia	
Amount (\$) 74.89	Payee address; City; State; Zip Code 1408 E. Del Mar Laredo, TX - 78045 Suite #413	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/26/17	Payee name DANNY'S Restaurant	
Amount (\$) 36.74	Payee address; City; State; Zip Code 4450 S. Zapata Hwy. Laredo, Tx. 78046	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Vidal Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 04/27/17	5 Payee name Santa Maria Elementary	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 3817 Santa Maria Ave. Laredo, TX. 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation / School Function	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 04/28/17	Payee name Stripes	
Amount (\$) 19.50	Payee address; City; State; Zip Code 2519 Jacaman Rd. Laredo, TX. 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 05/04/17	Payee name STARBUCKS	
Amount (\$) 3.19 19.97	Payee address; City; State; Zip Code 1910 Bob. Bullock. Laredo, TX. 78041	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Vidal Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 05/09/17	5 Payee name Target	
6 Amount (\$) 115.58	7 Payee address; City; State; Zip Code 1910 Bob Bullock Laredo, TX. 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 05/10/17	Payee name Corner Store	
Amount (\$) 35.54	Payee address; City; State; Zip Code 2215 Laredo, TX. 78044	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 05/10/17	Payee name Burger King	
Amount (\$) 14.17	Payee address; City; State; Zip Code 4407 Hwy 83 S. Laredo TX. 78046	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>8</i>	2 FILER NAME <i>Vidal Rodriguez</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>05/11/17</i>	5 Payee name <i>Laredo Sushi Roll</i>	
6 Amount (\$) <i>9.74</i>	7 Payee address; City; State; Zip Code <i>2721 Loop 20 Laredo, TX. 780</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date <i>05/11/17</i>	Payee name <i>HEB</i>	
Amount (\$) <i>9.28</i>	Payee address; City; State; Zip Code <i>2314 S. Zapata Hwy. Laredo, TX. 78044</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

Date <i>05/30/17</i>	Payee name <i>Tacos Kissi</i>	
Amount (\$) <i>30.21</i>	Payee address; City; State; Zip Code <i>4402 McPherson Rd. Laredo, TX. 78041</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Vidal Rodriguez	3 Filer ID (Ethics Commission Filers)
4 Date 05/30/17	5 Payee name Celestina Campos	
6 Amount (\$) 80.00	7 Payee address; City; State; Zip Code 3001 Pecos Plaza Laredo, TX. 78044	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation / Medical Exp.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 06/20/17	Payee name Dalia Hernandez	
Amount (\$) 60.00	Payee address; City; State; Zip Code 307 Wye Oak. Laredo. TX. 78043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation / Medical Exp. Plate Sale.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 04/06/17	Payee name Vidal Rodriguez Campaign	
Amount (\$) 2,400	Payee address; City; State; Zip Code 3001 Pecos Plaza. Laredo, TX. 78046	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense/Easter	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	